

(from *New Mental Health Resources for Jails and their Communities* from the National GAINS Center: Free and Downloadable, American Jails, July/August 2004).

GAINS Re-entry Checklist

The re-entry of prisoners and inmates to society is a complex process that rarely receives the attention it demands. The needs of these individuals are exacerbated when they include treatment for mental health and/or substance use disorders. Recently, lawsuits such as the *Brad H.* case in New York City have forced jails to develop comprehensive discharge planning procedures for persons with mental illness.

To assist jails in improving their practices, the National GAINS Center began in 2001 a re-entry initiative to address jail re-entry for people with co-occurring mental and substance use disorders. In 2002, following an expert meeting to identify jail re-entry issues for this target population, the National GAINS Center published and disseminated a transition planning monograph: *A Best Practice Approach to Community Re-Entry from Jails for Inmates with Co-Occurring Disorders: the APIC Model*.

Developed by Fred Osher, PhD, the APIC Model is a set of research-based critical elements designed to guide jail mental health programs through the reentry process in a manner that yields improved outcomes for persons with co-occurring disorders. The monograph helps facilities to:

- *Assess* the clinical and social needs, and public safety risks of the inmate
- *Plan* for the treatment and services required to address the inmate's needs
- *Identify* required community and correctional programs responsible for post-release services
- *Coordinate* the transition plan to ensure implementation and avoid gaps in care

As more and more jails adopted the APIC Model, the GAINS Center began to receive requests for a tool to assist in the development of responsive discharge planning procedures. In response, in 2003, Dr. Osher developed the GAINS Center's *Re-Entry Checklist* for use in jail settings. The *Re-Entry Checklist* is a quadruplicate form which permits the medical staff or discharge planner to complete the components of the form and for copies to be included with the jail records, the medical records, the court records and given to the inmate.

The checklist includes many of the domains identified in the APIC monograph as being often essential to the successful re-entry of a person with co-occurring disorders. These include mental health services, psychotropic medications, housing, substance abuse services, health care, health care benefits, income support/benefits, food/clothing and transportation. Next to each category, the discharge planner notes if the inmate exhibits the particular need, what steps have been taken by jail staff to address that need, and what the final plan is for the client to have access services in the community.

As the *Re-Entry Checklist* developed, the National GAINS Center held an Expert Review Meeting in Washington, D.C. to review the document. Attendees included jail administrators, clinicians and consumer representatives from several jails in the Northeast. Following revisions and formatting Dr. Osher presented the checklist at the National Commission on Correctional Healthcare Conference (NCCHC) in Austin, TX on October 8, 2003. Since October, NCCHC has agreed to collaborate with the GAINS Center by promoting and publicizing the *Re-entry Checklist* and making it available as a resource to jails via their website and through jail auditors in the field.

The checklist will be pilot tested during the summer of 2004 in two sites, Rensselaer County, New York and Montgomery County, Maryland and the final version of the *Re-Entry Checklist* will be highlighted at the Fall NCCHC conference.

In addition to the pilot tests that will be run in the identified jails, the GAINS *Re-Entry Checklist* is currently being tested by the Shelby County, Tennessee Jail Diversion program. This program hopes to use the checklist as they develop treatment plans for diverted clients, and then again when the clients prepare to leave the residential or intensive outpatient treatment program they have been diverted to. Suggestions from the jail diversion site will be incorporated into the document prior to the jail pilot tests.